

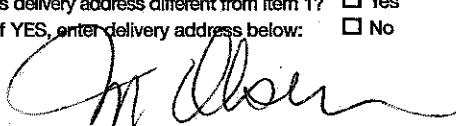
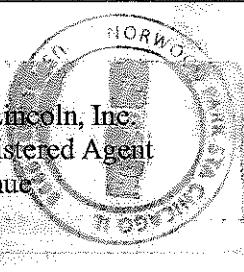
UNITED STATES DISTRICT COURT
 FOR THE SOUTHERN DISTRICT OF INDIANA
 INDIANAPOLIS DIVISION

Dillinger, LLC,)
)
 Plaintiff,)
)
)
 v.) Case No. 1:12-cv-0714 WTL MJD
)
)
)
)
 The Pour House On Lincoln, Inc., Mary Olsen,)
 William Olsen, and Donald Druse,)
)
 Defendants.)

EXHIBIT A

RETURN OF SERVICE BY CMRRR:

DEFENDANT, THE POUR HOUSE ON LINCOLN, INC.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>X</p> <p></p> <p>B. Received by (Printed Name) <input type="text"/> C. Date of Delivery <input type="text"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>The Pour House on Lincoln, Inc. c/o Mary Olsen, Registered Agent 6965 W Hobart Avenue Chicago, IL 60631</p> <p></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <i>(Transfer from service label)</i></p>		<p>7041 2000 0002 0745 5077</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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